IWASE BOOKS Membership Application Form

Date:_____ • _____ • _____ Member Identification Number:_____ ( )

Name: _____
First Middle Last

Gender: ☐Male ☐Female

Age (Optional): ☐Teenager ☐20~29 ☐30~49 ☐50~

Your Family Users: 1._____ 2._____ 3._____
4._____ 5._____ 6._____

Address: _____
_____

Home Phone Number: ( ) -

Occupation (Optional):
☐ Student (1. Junior High 2. High 3. ESL 4. University)
☐ Company Employees
☐ Entrepreneur
☐ Unemployed
☐ Housewife
☐ Others

Work/School Phone Number: ( ) -

Driver's License Number: _____ Expiry Date_____

Passport Number: _____ Expiry Date_____

Credit Card: ☐Visa ☐Master ☐JCB ☐Amex ☐Others

Credit Card Number: _____ Expiry Date_____

"I hereby make application for IWASE BOOKS CANADA INC. membership and agree to be governed by the IWASE BOOKS Membership Regulations."

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Thank you very much for taking the time to fill out this application form!

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